

# Substance Abuse Control Program

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## Introduction

Since it's very true that the Air Force is merely a microcosm of the nation as a whole, it should come as no surprise that the Air Force, like the rest of the country, has its share of drug and alcohol abusers. The Air Force's programs and policies for substance abuse control are described in AFI 44-121, Alcohol/Drug Abuse Prevention and Treatment Program. The Military Equal Opportunity (MEO) office is no longer responsible for the substance abuse control program. This program is now administered by the Life Skills clinic at the base hospital.

## Study Assignment

Read the information section of this lesson.

Lesson Objective: Know the Air Force Substance Abuse Control Program.

Samples of Behavior:

1. State the steps a supervisor should take when a subordinate's duty performance reveals a possible substance abuse problem.
2. Identify referral agencies available for suspected substance abusers.
3. State the five means for identifying substance abusers.
4. Describe the four methods of urinalysis testing.
5. Describe the treatment services available under the ADAPT program.
6. List the administrative issues associated with the ADAPT program.

## Information

### Substance Abuse Control Program

Substance abuse control policies and programs are thoroughly integrated into every facet of Air Force quality force management. The policies have been in place for over two decades and have evolved to meet changing conditions within the Air Force. The policy is clear: substance abuse is absolutely incompatible with Air Force standards. Our members are held to high standards of discipline and accountability. Those who require treatment will receive it, but all will face the consequences of their actions. The goal is maximum substance abuse deterrence and firm, swift action if abuse occurs.

### Policy on Drug Abuse

The Air Force expects everyone to maintain standards of behavior, performance, and discipline consistent with the UCMJ, public law, and Air Force publications. Illegal or improper use of drugs by an Air Force member is a serious breach of discipline, is

incompatible with serving in the Air Force, and automatically places the member's continued service in jeopardy. Because the Air Force does not tolerate such conduct, drug abuse can lead to criminal prosecution and discharge under other than honorable conditions. Illegal or improper use of drugs can also seriously damage physical health, impair judgment, cause psychological injury, and jeopardize the user's safety and the safety of others. It is Air Force policy to prevent drug abuse among its personnel. Failing this, the Air Force is responsible for identifying and treating drug abusers and disciplining or discharging those who use or promote illegal or improper use of drugs.

**Using, Possessing, Manufacturing, Distributing, and Introducing Drugs.** Air Force military members must not use, possess, manufacture, distribute, or introduce into a military unit, base, station, post, ship, or aircraft any illicit drugs (including nonnarcotic drugs). Violations of these prohibitions are chargeable under the UCMJ. These prohibitions do not apply:

1. to any act performed within the proper scope of official duties,
2. to using, possessing, or introducing legally prescribed drugs on an Air Force installation,
3. when a drug or substance within the United States is obtained by an over-the-counter, nonprescription purchase from a retail establishment maintained according to local laws, or
4. when legal purchases are made from an exchange, ship's store, or other merchandising facility operated by the federal government or any of its agencies.

## **Steroid Abuse**

Air Force policy on the use of steroids is clear: "The illegal use of anabolic/androgenic steroids by otherwise healthy active duty personnel is prohibited." Therefore, Air Force members involved in the illegal use of steroids will be subject to separation. Steroids are derived from male hormones. The primary medical use of anabolic steroids is to help build body tissues and prevent the breakdown of tissue that occurs in debilitating diseases. The dangers of misuse are increased when the steroids are taken without the supervision of a physician. There are only a few approved anabolic steroids on the market, and the Food and Drug Administration has been narrowing the approved uses of anabolic steroids. Abusers of these potent prescription drugs risk congestive heart failure, strokes, lung cancer, and cardiovascular system impairment which is considered to be the most hazardous of all side effects reported.

## **Policy on Alcohol Abuse**

The Air Force recognizes alcoholism as a progressive, preventable, and treatable noncompensable disease that affects the entire family. It's Air Force policy to prevent alcohol abuse and alcoholism among its people and their family members. Air Force members must always maintain Air Force standards of behavior, performance, and discipline. Failure to meet these standards must be based on demonstrated unacceptable performance and conduct, rather than solely on the use of alcohol.

Commanders must respond to unacceptable behavior or performance with appropriate corrective actions. If individuals cannot or will not maintain Air Force standards, then the Air Force will ensure humane management and administrative disposition of these people.

## **Drinking Habits**

It's each person's responsibility to exercise judgment in the use of alcohol when not otherwise restricted by public law or military directive. The Air Force only investigates drinking habits that affect public behavior, duty performance, or physical and mental health.

## **Driving While Intoxicated**

Intoxicated driving is incompatible with the maintenance of high standards of performance, discipline, safety, public image, personnel reliability, and readiness of military units and supporting activities. It's Air Force policy to significantly reduce the incidence of intoxicated driving and driving under the influence of alcohol within the Air Force through a coordinated program of education, identification, law enforcement, and treatment.

## **Officer's Role**

Your role when handling substance abuse issues is entirely consistent with your other responsibilities as an officer and represents an affirmative step in your efforts to show genuine, personal concern for the welfare of the individual. As an officer, you're not tasked to be a diagnostician, yet you are charged to document and confront unacceptable performance or behavior, whatever the cause. On this basis, you need to take immediate and appropriate corrective actions.

## **Supervisor Responsibilities**

As a supervisor there are steps you should take when a subordinate's duty performance reveals a possible substance abuse problem.

**Documentation of Unacceptable Behavior.** If a member has been identified as demonstrating any of the unacceptable behaviors mentioned on pp. 4D-6 and 4D-7, the next and most important step is documentation. Just as you must know your people, you should also maintain written records of meetings and actions related to them. A periodic review of this documentation will not only ensure the effective management of resources, it will also uncover any trends. Documentation should be specific and describe the type of behavior, how it violates standards, and how it differs from the individual's "normal behavior." Your records of performance discrepancies, unacceptable behaviors, interviews or counseling, and actions taken will serve as the basic elements of your confrontation with the problem member. Your documentation will also serve as a summary for higher supervision, problem consultants (MEO, medical, chaplain, etc.), or the commander.

**Confrontation of Unacceptable Behavior.** The next step is confrontation. Confrontation is the active process of face-to-face disclosures to the worker of the documented behavior discrepancies. This part of the recognition process is often the most difficult. Two questions might immediately come to mind--when and how do I confront someone, especially if that someone is a coworker and friend?

The confrontation should take place when changes occur that begin to impair the duty performance. Stick to the facts as they relate to work performance and seek to avoid emotional involvement. Maintain your objectivity. However unpleasant confrontation may be, it's important to confront as soon as you determine the presence of a negative trend. Here are some suggested steps:

Step 1. Actions

- You may know the cause of performance or behavioral changes and can take action to help correct it.
- The problem may be such that you wish to discuss it with your supervisor before seeing the worker. You may also wish to discuss the problem and your observations with a problem consultant, such as MEO or the Life Skills clinic.

Step 2. First Meeting

- Approach the worker on a friendly, questioning basis about unacceptable trends in performance or behavior.
- Show the worker your documented observations.
- Express your concern for problems that may exist and your willingness to help.
- Request an explanation of the trends.
- Advise the worker the situation must be corrected or action will be taken.
- Schedule another counseling session at a later date (for example, in 30 days) when the situation will again be reviewed for improvement or further actions.

**Note:** Anytime the person admits a substance abuse problem, make an appointment with the substance abuse office (Life Skills clinic) and reinforce the positive policy of the Air Force and unit. Help must be offered to every individual.

Step 3. Between Meetings

- Monitor and record the individual's progress.
- Keep your immediate supervisor advised of case status.
- If improvement is not noted or the situation deteriorates, consult with specialists and plan the proper approach for a second meeting.

Step 4. Second Meeting

- If the situation improves and seems to be returning to normal, reaffirm your faith in the worker, and remind him or her that you're always there to help when

needed. If the situation hasn't improved, confront the worker again and state that you haven't observed satisfactory improvement. Give the worker another chance to explain the lack of progress.

Things to keep in mind throughout the interview:

1. Stick to the facts.
2. Have all the documents available; don't rely on memory.
3. Explain any adverse actions (Article 15, separation, etc.) which may occur if the member fails to improve.
4. Be supportive, honest, consistent, and above all, firm.
5. When in doubt, refer.

Arrange any referral appointments (date, time, and contact name) and notify the worker. Ensure he or she keeps the appointment, and provide the referral agency with background case data as applicable.

**The Referral.** Referral is the process of directing the worker to the resource agency that is best suited to handle that individual's problem. Refer the individual when performance fails to improve, when your efforts fail, when an individual requests assistance, and before disciplinary action. The referral of a problem worker to a helping agency should be viewed not as a sign of failure, but as a positive decision based on mature judgment.

When personal problems are present which can't be resolved by the unit, make a referral to the appropriate agency; (for example, MEO, chapel, legal office, or medical clinic). There are many advantages to making timely referrals:

1. Counseling by people with special qualifications in problem areas is often successful.
2. The chaplain's privilege of confidentiality frequently provides a stimulus for uncovering trouble.
3. People often loosen up when away from the work center.

All referrals should include a history of suspected problems, your efforts to date, and actions you plan to take if the worker does not resolve his or her difficulties. Referrals to local base and community resource agencies are available and cover a wide range of services.

REFERRAL AGENCIES	PROBLEM
Chaplain Services Branch	Some areas they provide counseling in are religious, marital, academic, and personal problems.
Medical Services	The base hospital provides counseling in areas such as physical and mental health. They also offer assistance in the prevention and treatment of drug and alcohol abuse.
Air Force Aid Society	Can provide financial assistance for a wide range of emergencies and other needs.
Legal Office	This office can provide assistance by giving advice on legal matters.
MEO Office	This office offers assistance in resolving discrimination and harassment complaints.
American Red Cross (ARC) Office	Some of the services they provide include personal and family counseling, emergency financial assistance and assistance with communications between service members and their families.
Family Support Center	Some of the services provided by this agency include personal and family counseling crisis intervention, and financial counseling.

## Identifying Substance Abusers

For the Air Force to have an effective substance abuse control program, we must have a means of identifying substance abusers. Although commanders play the major role in identifying drug users, you should be aware of how commanders must proceed in various circumstances. Due to the nature of the position you hold within your unit, you may also play an important part in the identification process. There are basically five identification methods:

(1) **Arrest, Apprehension, or Investigation.** An individual involved in intoxicated driving, under the influence, public intoxication, or an incident in which drug use or alcohol abuse is a contributing factor must be referred to Life Skills for evaluation.

(2) **Incident to Medical Care.** Medical personnel must notify the commander if a member receives treatment and are suspected, identified or observed to be under the influence of alcohol or drugs or if a member is admitted as a patient for alcohol or drug detoxification. A patient under treatment for reason other than substance abuse may be found to be under the influence of drugs or alcohol, or the injury under treatment may be a result of substance abuse. Under these circumstances, medical personnel must notify the unit commander and the Life Skills Clinic so the patient can be evaluated.

(3) **Commander Referral.** A unit commander shall refer all service members for assessment when substance use is suspected to be a contributing factor in any incident, e.g., DUI, public intoxication, drunk and disorderly, spouse/child abuse and maltreatment, under-aged drinking, positive drug test, or when notified by medical

personnel. A referral may be completed by the commander or first sergeant simply by contacting the Life Skills Clinic and setting an appointment date and time. When there's no prior legal or medical basis, unit commanders can identify people for evaluation and treatment if necessary. As a supervisor, you should consider the behavioral signs of substance abuse we discussed earlier (deteriorating duty performance, frequent errors in judgment, excessive tardiness, or absenteeism, etc.). If you think a problem exists, see your immediate supervisor, or commander to begin necessary action.

(4) **Drug Testing.** The Air Force uses urine testing of personnel for detection of drug abuse according to AFI 44-120, Drug Abuse Testing Program. Urinalysis is most effective as a deterrent if it has the potential to reach each Air Force military member; thus, all military personnel are subject to testing. The method which best achieves this deterrent goal is inspection testing. Commanders must have the flexibility to select the most appropriate testing procedure, but inspection testing should be the primary method, with probable cause and a command-directed examination as supplements. Military members who fail to comply with an order to provide a urine sample are subject to punitive action under the UCMJ. Commanders must refer individuals identified positive as a result of urine testing for drug abuse to Life Skills personnel. Military members may receive an order or voluntarily consent to provide urine samples at any time. Methods to obtain urinalysis samples may include the following:

- ◆ **Inspection Under Military Rule of Evidence, UCMJ.** Commanders may conduct inspections in the form of unit sweeps or randomly on segments of a squadron, unit, duty section, or dormitory. Commanders must avoid singling out specific individuals or small groups, as these cases most often fall under command-directed testing provisions. Commanders should consult with their staff judge advocate (SJA), Life Skills, and the medical urine test program monitor before conducting inspection testing. Commanders may use the positive result of a urine sample to refer a member to Life Skills, as evidence to support disciplinary action under the UCMJ or administrative discharge action, and as a consideration on the issue of characterization of discharge in separation proceedings.
- ◆ **Probable Cause Search and Seizure Under the UCMJ.** Commanders can order a urine test when there's probable cause to believe that the military member has ingested drugs, is drug intoxicated, or has committed a drug-related offense. Commanders should consult with their SJA, as well as follow appropriate procedures, to establish probable cause. They may use the results to refer a member to Life Skills, to support and use as evidence in disciplinary action under the UCMJ or administrative discharge action, and as a consideration on the issue of characterization of discharge in separation proceedings.
- ◆ **Command-Directed Examination.** Commanders can refer a military member for urine testing when there's a reasonable suspicion of drug abuse. They can also order a test when it's conducted as an examination of a specified member in conjunction with the member's participation in a DoD drug treatment program. A command-directed examination may be conducted to determine a member's competency for duty and the need for counseling or other medical treatment.

Commanders usually direct urine testing in all circumstances of abnormal, bizarre, or unlawful behavior in which probable cause doesn't exist but there's a reasonable suspicion of drug abuse. Such circumstances may include unauthorized absences, violations of safety requirements, disobedience of direct orders, apprehension or investigation for drug offenses or intoxicated driving, involvement in violent crimes, or other incidents involving repeated or serious breaches of discipline. Commanders should refer individuals for a urine test as soon as possible after a behavioral incident. In addition, apathy, a defective attitude, or a personality change may, when examined in conjunction with other circumstances, lead to a reasonable suspicion of drug abuse and form the basis for command-directed urine testing.

Commanders may use results obtained from command-directed testing to refer a member for evaluation by Life Skills and in an administrative discharge action. Commanders may not use results against a member in any disciplinary action under the UCMJ or on the issue of characterization of discharge in separation proceedings.

◆ **Medical Purposes.** Results of any examination conducted for a valid medical purpose including emergency medical treatment, periodic physical examination, and other such examinations necessary for diagnostic or treatment purposes may be used to identify drug abusers. Results may be used to refer a member to Life Skills, as evidence to support disciplinary action under the UCMJ, or administrative discharge action; these results may also be considered on the issue of characterization of discharge in separation proceedings.

(5) **Self-identification.** The Air Force encourages personnel with substance abuse problems to seek assistance. Members may self-identify to the unit commander, first sergeant, substance abuse counselor or medical authority. In regards to alcohol, commanders must provide sufficient incentive to encourage members to seek help without fear of negative consequences. Self-identification is reserved for members who are not currently under investigation or pending action as a result of an incident. Regarding drugs, commanders grant limited protection to members who reveal this information with the intention of seeking treatment. Information disclosed voluntarily may not be used in UCMJ action or in weighing characterization of discharge. This limited protection is not applicable to members who have been apprehended for substance abuse involvement, are under investigation by Security Forces (SFS) or the Air Force Office of Special Investigations (OSI), or has been ordered to provide a urine sample. This protection also does not apply to those who are currently in a treatment program or have been advised of administrative discharge for substance abuse.

**Note:** In addition to the previously indicated methods, you, as an officer, should help ensure the identification of substance abusers by encouraging people known to have an existing or potential drug or alcohol problem to seek assistance. When abuse exists, you must notify your supervisor or commander at once so he or she can take proper action. Report all incidents of drug abuse to your immediate supervisor and unit commander, servicing security police agency, and the local office of the AFOSI.



## Alcohol/Drug Abuse Prevention and Treatment (Adapt) Program

AFI 44-121, dated 22 Jan 99, completed the transfer of the ADAPT Program from the MEO Office to the Objective Medical Group. This instruction changes the focus of the program from substance abuse control, to substance abuse prevention. This is significant due to the redefined role of the commander's input into the treatment process.

The Air Force policy on substance abuse has not changed. It is the responsibility of all Air Force members to exercise good judgment in the use of alcohol. Personal drinking habits will not be investigated as long as performance, public behavior, physical health, or mental health are not affected. Drug use, on the other hand is illegal. You can still lose your career. With that said let's take a look at the changes the program has undergone. Most times people end up in the Life Skills office by violating some aspect of the policies we've just discussed.

### **Treatment Team Meeting (TTM) Composition – Minimum Requirements:**

The purpose of the TTM is to determine the proper course of action for the member. This team will consist of the Commander, First Sergeant, Supervisor, Substance Abuse Counselor, Medical Consultant as needed, ADAPT Program Manager, Flight Surgeon (if the patient is on flying status), and the member. There are several factors that determine what level of treatment is necessary to help the patient. These will most often be discussed at length at the TTM. Treatment services available include the following:

**1. Non-Clinical Services.** Members who do not meet the diagnostic criteria for alcohol/drug abuse or dependence will be provided a minimum of six hours of education. Additional counseling to address issues identified in the biopsychosocial assessment may also be considered. The length of involvement in treatment will be determined by the members presenting problems and agreed upon.

**2. Clinical Services.** Members meeting the Diagnostic and Statistical Manual (DSM) IV criteria for alcohol/drug abuse or dependence will be entered into treatment with the level and intensity determined by American Society of Addiction Medicine (ASAM) criteria. Variable lengths of stay/duration shall be provided within a variety of treatment settings tailored to meet the needs of the individual member. This may include inpatient care or intensive outpatient treatment. Detoxification may be necessary prior to treatment.

**3. Program Requirements and Encouragement.** Family involvement is highly encouraged. Abstinence is **required** during the treatment phase, and **encouraged** during the aftercare phase. Self-help group attendance is encouraged. PCS/TDY's are restricted for the first 6 months of aftercare and based upon the member's progress.

**4. Transitional Counseling.** Helps members make the transition to civilian life. Members may refuse assistance by signing a written statement.

**5. Completing the Program.** The member may complete the program once they meet DSM IV requirements for early remission. The TTM determines completion based on progress towards agreed upon goals stated in the treatment plan.

**6. Failing the Program.** Self identification members are held to the same standards as other members entering the program. If the member violates the program regimen, they will be considered a program failure. Members fail by not maintaining Air Force standards. Drinking, by itself, is not grounds for failure. Members who refuse to take part in or fail to satisfactorily complete the ADAPT program should be separated.

## **Administrative Issues Associated with the Adapt Program**

**1. Leave Authorization.** Ordinary leave is not usually granted during the evaluation process or the treatment phase of the ADAPT program.

**2. Line of Duty Determination.** The purpose of a line-of-duty determination is to decide how much pay will be forfeited, if any, during absence from duty due to injury or disease resulting from substance abuse while a member is on active duty. A line of duty determination may also determine eligibility for physical, disability or retirement pay. The Air Force may require an individual to make good any lost time before separation. A line of duty determination must be made in cases of injury or death as a result of substance abuse while the member is on active duty.

**3. Personnel Reliability Program (PRP) Decertification.** Members who are diagnosed as alcohol abusers may be reconsidered for PRP duties 1 year after successful completion of the aftercare program. For those diagnosed as alcohol dependent, the decertification is permanent.

**4. Promotion Eligibility.** Promotions are solely the decision of the promotion authority.

**5. Reassignment Eligibility.** Members with an abuse/dependence diagnosis will be placed in a medical profile preventing PCS for 6 months.

**6. Reenlistment Eligibility.** Enlisted members whose terms of service expire during treatment and who are otherwise eligible to reenlist may extend their enlistment for the number of months required to complete treatment successfully. Individuals who self-identified to the Program, however, may not be denied reenlistment solely on that basis.

First-term airmen who successfully complete treatment and are selected for reenlistment by their unit commanders under the Selective Reenlistment Program and are otherwise eligible for promotion may acquire retainability to process and receive a response to an initial career job reservation application.

**7. Security Clearance.** A history of alcoholism in itself doesn't permanently disqualify a member from a security clearance, access to classified information, or unescorted entry into restricted areas. Members diagnosed as alcoholics aren't generally granted access

to classified information or unescorted entry into restricted areas while in treatment. Unit commanders must obtain a recommendation from other intervention committee members regarding security clearance or access authorization after the individual completes treatment. The committee uses such recommendations, with the member's demonstrated duty performance, to determine whether a security clearance or access authorization should be granted, denied, or revoked. AFI 31-501, USAF Personnel Security Program Management, provides guidance on people involved in substance abuse.

**8. Temporary Duty (TDY).** TTM decision based upon progress and current status.

**9. Unfavorable Information File (UIF).** UIF and control roster action should be based on a members unacceptable behavior and not solely on entry in the ADAPT Program.

**10. Separation.** Drug and Alcohol abuse affects military and social performance and individuals can be separated for inability to meet military performance standards.

(a) **Alcohol.** Commanders must base recommendations for separation on documentation that reflects failure to meet Air Force standards, not on the use of alcohol. (Failure to complete the ADAPT Program can't be based solely upon failure to maintain abstinence if abstinence has been established as a regiment goal or requirement.) Depending on the behavior in each case, the specific reason should be cited (unsuitability, misconduct, or substandard performance, etc.). Nothing prevents a commander from taking separation action for misconduct when required.

If a worker with an alcohol problem refuses to take part in the ADAPT Program or fails to complete treatment successfully, discharge is appropriate. Initial verbal refusals to cooperate in treatment or a hostile attitude on the part of an individual isn't unusual. You and Life Skills personnel must determine whether refusal to take part in treatment reflected a behavioral pattern or was an isolated instance.

(b) **Drugs.** Drug abuse isn't compatible with Air Force standards. The Air Force won't tolerate drug abuse among its members; therefore, it automatically jeopardizes their potential for continued service. Failure to meet standards of conduct and impaired duty performance are grounds for discharge. When immediate discharge is necessary, the ADAPT Program must not delay it. However, the commander must ensure the member either shows no sign of being drug dependent or denies drug dependency before discharge. If a member is drug dependent, the commander may postpone the execution of discharge to accommodate the requirement for detoxification and initial medical treatment.

Failure to complete the ADAPT Program successfully due to inability, refusal to participate, or unwillingness to cooperate as determined by the commander is also a basis for discharge. Individuals who previously participated in the ADAPT Program and are again substantiated as drug abusers should be processed for discharge.

Commanders, board members, and discharge authorities involved in drug abuse discharge actions must be familiar with the Air Force policy on drug abuse. Policies include limitations on identification methods, detoxification requirements, and referral

to the Veterans' Affairs if eligible. These considerations may affect the characterization of service that the discharge authorities recommend or approve.

**11. Personal Considerations for the Member.** Remember often members are embarrassed admitting to substance abuse problems. Be sensitive and respect the privacy of the member when dealing with family and co-workers.

## **Checklist of Physical and Psychological Symptoms**

Identification of a pattern to any of the following warning signs should trigger increased monitoring of job performance by managers and supervisors:

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| <ul style="list-style-type: none"> <li>--- Moodiness</li> <li>--- Depression</li> <li>--- Detached Attitude</li> <li>--- Nervousness</li> <li>--- Euphoria-increase energy</li> <li>--- Inconsistent actions</li> <li>--- Talkative</li> <li>--- Large mood swings</li> <li>--- Sleepiness</li> <li>--- Unsteady gait</li> <li>--- Tremors</li> <li>--- Constant runny nose</li> </ul> | <ul style="list-style-type: none"> <li>--- Slurred speech</li> <li>--- Trouble sitting still</li> <li>--- Personal grooming deterioration</li> <li>--- Frequent illness</li> <li>--- Increased physical injuries</li> <li>--- Bruises</li> <li>--- Impaired short term memory</li> <li>--- Impaired logical thinking</li> <li>--- Poor muscle control</li> <li>--- Bloodshot eyes</li> <li>--- Dull eyes</li> <li>--- Dilated pupils</li> </ul> |
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## **Checklist of Work-Related Performance Indicators**

Repeated or continuous patterns of performance deterioration (documentable job issues), in a number of the following areas probably indicates that intervention is needed. NOTE: Frequency and duration are two factors that should also be considered before assuming these behaviors are substance abuse related. As mentioned earlier, avoid attempting to diagnose--that is best left to the people who are trained to do so.

1. Absenteeism
  - Unauthorized leave
  - Monday absence/Friday absence
  - Repeated absence of 2-3 days
  - Repeated absence of 1-2 weeks
  - Excessive tardiness
  - Leaving work early
  - Peculiar or increasingly improbable excuses for absences
  - Higher rates of absenteeism than other employees for colds, flu, gastritis, etc.
  - Frequent, unscheduled short-term absences

2. On-the-Job Absenteeism
  - Away from job more than job requires
  - Frequent trips to water fountain, bathroom, or for coffee
  - Long coffee breaks
  - Physical illness on the job
3. High Accident Rate
  - Accidents on the job
  - Frequent trips to medical facilities
  - Accidents off the job, but affecting work performance
  - Accidents to equipment
4. Lowered Job Efficiency
  - Misses deadlines
  - Makes mistakes or bad decisions due to inattention or impaired judgment
  - Wastes materials
  - Lowered output
  - Overly dependent on others
  - Carelessness
  - Improbable excuses for poor job performance
5. Difficulties in Concentration/Confusion
  - Work requires great effort
  - Job takes more time
  - Hand tremors when concentrating
  - Frequent day dreaming
  - Details often neglected
  - Undependable
  - Difficulty in recalling instructions clearly
  - Increasing difficulty in handling complex assignments
  - Difficulty in recalling own mistakes
  - Forgetful
  - Reduced awareness of what's going on
  - Unable to keep current
6. Communication
  - Less communicative than in the past
  - Unclear or imprecise communication
  - Argumentative with co-workers and supervisors
7. Sporadic Work Patterns
  - Alternating periods of very high & very low productivity
  - Work produced differs in quality from time-to-time
8. Initiative
  - Unwillingness to change work responsibilities
  - Unwillingness to change ways of doing job
  - Needs constant supervision or extra help

9. Interpersonal Skills

- Overreacts to real or imagined criticism
- Wide swings in morale
- Borrows money from co-workers
- Avoids old friends or colleagues
- Constant complaints to associates and supervisors
- Avoids supervisor, especially after lunch and breaks
- Avoids making eye-contact with others
- Overly critical of others
- Makes unreliable or untrue statements

10. Abnormal Behavior

- Coming to or returning to work in an obviously abnormal condition
- Obviously bizarre or abnormal actions on the job

## **Conclusion**

Through your awareness and concerted actions, you can recognize substance abuse problems and greatly reduce the scope of their impact. The Air Force substance abuse program is one of prevention and control, only achieved through commitment and action on the part of all Air Force personnel.

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